

**SPECIAL CERTIFICATE APPLICATION**

CHP 295 (Rev. 1-21) OPI 061

**CERTIFICATE TYPE**

- School Bus     Youth Bus     SPAB  
 Farm Labor     GPPV     VDDP

**CERTIFICATE STATUS**

- Original     Renewal     Duplicate  
 Upgrade     Downgrade

Information on this form pertains to the issuance of a certificate to operate a motor vehicle under Division 6 of the California Vehicle Code (CVC). Failure to provide information or providing false information on this and/or associated forms is cause for refusal, suspension, or revocation of the certificate sought.

Except as made confidential by law or exempted under the Freedom of Information Act, this information is a public record. It is regularly used by law enforcement agencies, other state agencies, and insurance companies, and it is open to inspection by the public. You are entitled to inspect or obtain copies of information in your record during regular

office hours. By law, the information from this form is transferred to the Department of Motor Vehicles (DMV), Commercial Driver License Unit, P.O. Box 944278, Sacramento, CA 94290-0001, telephone (916) 657-5771, and it is maintained as part of your driving record. This form and related documents are maintained by the California Highway Patrol (CHP) office where you applied and tested for the certificate, or the CHP office in the area where you work.

Your Social Security Number is required to ensure positive identification for the personal background check required by the CVC.

**PLEASE PRINT CAREFULLY**

NAME (FIRST, MIDDLE, LAST)		SOCIAL SECURITY NUMBER		HOME TELEPHONE NUMBER	
HOME ADDRESS (NUMBER AND STREET)		CITY		ZIP CODE	
EMPLOYER				WORK TELEPHONE NUMBER	
EMPLOYER'S ADDRESS (NUMBER AND STREET)		CITY		ZIP CODE	
CHP OFFICE WHERE YOU LAST APPLIED FOR A CERTIFICATE			PLACE OF BIRTH (CITY AND STATE)		

**DRIVER LICENSE INFORMATION**

SEX <input type="checkbox"/> M <input type="checkbox"/> F	HAIR	EYES	HEIGHT	WEIGHT	DATE OF BIRTH (MONTH, DAY, YEAR)	RESTRICTIONS
STATE	NUMBER	CLASS	ENDORSEMENTS	EXPIRES	CORRECTIVE LENSES REQUIRED <input type="checkbox"/> YES <input type="checkbox"/> NO	MEDICAL CARD EXPIRES

**CHP USE ONLY**

FINGERPRINTS	DATE SENT TO: DOJ	FBI
ATI#	DATE RECEIVED FROM: DOJ	FBI

MARK AN X IN THE APPROPRIATE PASS/FAIL BOX FOR EACH TEST TAKEN.

TESTS	RULES AND REGULATIONS				FIRST AID					
	DATE	TEST	ANSWERS MISSED	P	F	DATE	TEST	ANSWERS MISSED	P	F
		1					1			
		2					2			
		3					3			

**CERTIFICATE INFORMATION - CHP USE ONLY**

ISSUE DATE (SHOULD BE SAME AS ON THE DL-45)		DATE FILE SENT FOR DMV REVIEW			
<b>RESTRICTIONS</b> <input type="checkbox"/> NONE <input type="checkbox"/> AUTOMATIC TRANSMISSION ONLY <input type="checkbox"/> HYDRAULIC BRAKES ONLY <input type="checkbox"/> TYPE 2 BUS ONLY <input type="checkbox"/> CONVENTIONAL OR TYPE 2 BUS ONLY <input type="checkbox"/> TWO-AXLE MOTOR TRUCK OR PASSENGER VEHICLE ONLY <input type="checkbox"/> FIRST AID TEST WAIVED		<b>APPLICANT FOR A SCHOOL BUS, SPAB, FLV, YOUTH BUS, GPPV, OR VDDP CERTIFICATE (ACCIDENT INCIDENT DATA - ATTACH ADDITIONAL PAGE IF NEEDED).</b> <input type="checkbox"/> DRIVER LICENSE AND CERTIFICATE - Sections 12517(a), 12519(a), 12523(a), 12523.5(a), 12523.6(a) CVC <input type="checkbox"/> TRAINING REQUIREMENTS VERIFICATION DATE: <input type="checkbox"/> MEDICAL - MEDICAL EXAMINER'S CERTIFICATE, Section 12517.2 CVC <input type="checkbox"/> LICENSING ELIGIBILITY DOCUMENT (Permit or Temporary License) <input type="checkbox"/> WRITTEN TEST - Section 12517.4 CVC <input type="checkbox"/> FIRST AID TEST - Section 12522 CVC (SCHOOL/YOUTH BUS ONLY) <input type="checkbox"/> FIRST AID CARD ISSUE DATE: <input type="checkbox"/> DRIVE TEST - Section 12517.4 CVC <input type="checkbox"/> FINGERPRINTS - Section 12517.3(a)(1) CVC			
<b>ENDORSEMENT</b> <input type="checkbox"/> MAY DRIVE VEHICLE WITH TWO-SPEED REAR AXLE <input type="checkbox"/> MAY TRANSPORT FROM PLACE OF RESIDENCE (YOUTH BUS ONLY)		DATE OF APPLICATION	DL-45 SC NUMBER	CHP EMPLOYEE'S SIGNATURE	AREA    DATE

Please read each item carefully and sign at the bottom of the page in the presence of CHP personnel.

#### APPLICANT REQUIREMENTS - ORIGINAL

1. A valid driver license.
2. Current medical examination report (DL-51) and medical examiner's certificate.
3. Driving history printout.
4. \$32 for fingerprints plus \$25 for the DL-45.
5. Licensing eligibility document (e.g., permit, temporary license).
6. The applicant will be fingerprinted by the CHP. The fingerprints will be sent to the Department of Justice and, if applicable, to the Federal Bureau of Investigation for a criminal background review.

#### APPLICANT REQUIREMENTS - RENEWAL

1. A valid driver license.
2. Current medical examination report (DL-51) and medical examiner's certificate.
3. Documentation of required training.
4. \$12 for the DL-45.

#### APPLICANT REQUIREMENTS - CERTIFICATE UPGRADE OR DOWNGRADE

1. A valid driver license.
2. Current medical examiner's certificate.
3. \$12 for DL-45.

#### REQUIRED TESTS

1. An applicant must pass a written test on the laws and regulations governing passenger transportation safety and safe driving practices. The test may be taken prior to the return of the criminal background review. A written test is not required for a VDDP certificate.
2. An applicant must pass a drive test using a vehicle comparable to those to be driven by the applicant. The drive test includes a pre-trip inspection of all gauges, instruments, and controls, with critical emphasis on brake systems and their operation. The drive test shall not be taken prior to the return of the criminal background review. Restrictions may be placed on the certificate depending on the type of vehicle used during the drive test. A drive test is not required for a VDDP certificate.
3. An applicant for a school or youth bus driver certificate must pass a written first aid test. This test may be waived if the applicant possesses a current first aid certificate issued by the American Red Cross or by an organization approved by the Emergency Medical Services Authority, or possesses a current license as a physician and surgeon, osteopathic physician and surgeon, or registered nurse, or a current certificate as a physician's assistant or emergency medical technician.
4. Tests for certificate upgrades may be required.

#### MANDATORY DISQUALIFYING CRITERIA

##### DMV shall deny or revoke the certificate if the applicant:

1. Has been convicted of a sex offense defined in Section 44010 of the Education Code (EDC).
2. Has been convicted, within the preceding two years, of an offense involving the use, possession, or sale of drugs.
3. Has been convicted, within the preceding three years, of hit and run, reckless driving, or driving under the influence.
4. Has been convicted of a violent or serious crime per Sections 667.5(c) or 1192.5(c) of the Penal Code.
5. Fails to pass the written test(s) or drive test.
6. Within the preceding three years, has had driving privileges revoked or suspended, or has been placed on probation for any reason involving unsafe operation of a motor vehicle.

#### DISCRETIONARY DISQUALIFYING CRITERIA

##### DMV may deny, suspend, or revoke the certificate if the applicant:

1. Has committed any act involving moral turpitude, regardless of when the act was committed.
2. Has been the cause of three crashes within the last 12 months.
3. Has been the cause of a crash resulting in a fatality, serious injury, or \$1,000 damage within the preceding 24 months.
4. Has violated any law, rule, or regulation for the safe operation of a vehicle for which the certificate was issued.
5. Has violated any restriction of the certificate.
6. Has made a false statement on the application.
7. Is a negligent or incompetent operator.
8. Habitually uses or is addicted to alcohol or drugs.
9. Does not meet minimum medical standards.
10. Has been convicted of specific crimes within the past seven years.
11. Has been convicted of an offense, other than a sex offense, that is punishable as a felony within the past seven years.
12. Has been dismissed for a cause related to pupil transportation safety.
13. Has been convicted, within the preceding seven years, of any offense related to the use, sale, possession, or transportation of drugs.
14. Has been arrested for or charged with any sex offense, as defined in Section 44010 EDC.
15. Violates Section 5387(b) of the Public Utilities Code (driving a bus without a current/valid driver license of the proper class, a passenger vehicle endorsement, or the required certificate).
16. Has been reported to have left a pupil unattended on a school bus pursuant to Section 39843 EDC.

#### PHYSICAL QUALIFICATIONS

##### An applicant is physically qualified to drive a vehicle if the person:

1. Has no loss of a foot, a leg, a hand, or an arm, or has been granted a waiver pursuant to Section 391.49 of the Federal Motor Carrier Safety Regulations (FMCSR).
2. Has no impairment of a hand or finger which interferes with prehension or power grasping; or, an arm, foot, or leg which interferes with the ability to perform normal tasks associated with operating a motor vehicle; or any other significant limb defect or limitation which interferes with the ability to perform normal tasks associated with operating a motor vehicle; or has been granted a waiver pursuant to Section 391.49 FMCSR.
3. Has no myocardial infarction, angina pectoris, coronary insufficiency, thrombosis, or any other cardiovascular disease of a variety known to be accompanied by syncope, dyspnea, collapse, or congestive cardiac failure.
4. Has no respiratory dysfunction likely to interfere with the ability to control and drive a motor vehicle safely.
5. Has blood pressure in accordance with Section 391.43(f) FMCSR.
6. Has no established medical history or clinical diagnosis of rheumatic, arthritic, orthopedic, muscular, neuromuscular, or vascular disease which interferes with the ability to control and operate a motor vehicle safely.
7. Has no established medical history or clinical diagnosis of epilepsy or loss of consciousness.
8. Has no mental, nervous, organic, or functional disease or psychiatric disorder likely to interfere with the ability to drive a motor vehicle safely.
9. Has distant visual acuity of at least 20/40 (*Snellen*) in each eye with or without corrective lenses and at least 70 degrees in the horizontal meridian in each eye, and the ability to recognize the colors red, green, and amber.
10. First perceives a forced whispered voice at not less than 5 feet in the better ear with or without the use of a hearing aid.
11. Does not use an amphetamine, narcotic, or any habit-forming drug.
12. Has no current clinical diagnosis of alcoholism.

I hereby certify that I have read, or had read to me, and that I understand all of the above.

\_\_\_\_\_  
Applicant's Signature

**CONVICTIONS**

Please answer the following questions truthfully. Failure to answer any question truthfully may be cause for denial of your application. The questions cover your lifetime, unless otherwise specified. Use additional paper for explanations, if needed.

Have you **ever** been convicted of a crime?  YES  NO  
If yes, please explain the conviction (e.g., spousal abuse, prostitution).

Have you **ever** gone by or used any other name?  YES  NO  
If yes, please write the other name(s).

Have you **ever** been issued a driver license by another state?  YES  NO  
If yes, indicate the state and driver license number.

Have you served in the military within the past seven years?  YES  NO  
If yes, please explain your service.

**RESIDENCY HISTORY**

Applicants for a California Special Driver Certificate must be fingerprinted for a background investigation conducted by the Department of Justice, and by the Federal Bureau of Investigation for applicants who have not resided in California for the last seven consecutive years. Please write the dates and locations of residence during the last seven years, starting with the most recent. Use additional paper, if needed.

From	Dates		Location (city and state)
		To	

**WORK HISTORY**

Please indicate your employers for the past seven years, starting with the most recent. Use additional paper, if needed.

<b>Dates of employment (Month/Year)</b>	EMPLOYER	ADDRESS
FROM	TELEPHONE NUMBER	
TO	SUPERVISOR	
<b>Dates of employment (Month/Year)</b>	EMPLOYER	ADDRESS
FROM	TELEPHONE NUMBER	
TO	SUPERVISOR	
<b>Dates of employment (Month/Year)</b>	EMPLOYER	ADDRESS
FROM	TELEPHONE NUMBER	
TO	SUPERVISOR	
<b>Dates of employment (Month/Year)</b>	EMPLOYER	ADDRESS
FROM	TELEPHONE NUMBER	
TO	SUPERVISOR	

To be signed in the presence of a CHP School Bus Officer or Coordinator.

*I hereby certify, under penalty of perjury, that all statements on this application are true. (Perjury is punishable by imprisonment, fine, or both.)*

APPLICANT'S SIGNATURE	DATE
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**SCHOOL BUS OFFICER'S/COORDINATOR'S COMMENTS**